

	<p>POLICY AND PROCEDURES</p> <p>Title: <b>MISCARRIAGE/SPONTANEOUS ABORTION: GUIDELINES FOR CARE</b></p> <p>Number: <b>1050</b></p>
<p>Authorization</p> <p><input checked="" type="checkbox"/> SHR Nursing Practice Committee</p>	<p>Source: Nursing</p> <p>Date Approved:</p> <p>Date Revised: September 2016</p> <p>Date Effective: January 2006</p> <p>Scope: <b>SHR Acute Care</b></p>

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## DEFINITIONS

**Miscarriage/Spontaneous Abortion:** Birth of a fetus showing no signs of life, at a gestation of less than 20 completed weeks **and** less than 500 grams.

**Note:** for births > 20 weeks gestation, or weight > 500 grams, refer to regional nursing policy "Stillbirth: Guidelines of care #1165".

## 1. POLICY

- 1.1 Healthcare personnel will utilize the guidelines below to support families experiencing a miscarriage/spontaneous abortion.
- 1.2 Classification of birth is determined by the MRP attending the birth.
- 1.3 Several different burial options will be offered to the family.
- 1.4 Every effort must be made for the family to bond and create memories with the baby during the short time they have together. This facilitates the grieving process and provides comfort in the difficult months to come.

## 2. PURPOSE

- 2.1 To ensure all deceased babies are cared for with dignity.
- 2.2 To provide guidelines for the physical care of the mother and baby, and emotional care of the entire family experiencing a miscarriage.
- 2.3 To assist the family in making decisions and arrangements for the disposition of their baby.
- 2.4 To properly complete all necessary documentation.
- 2.5 To ensure the family's requests, based on social, cultural and religious beliefs are respected.

### 3. PROCEDURE:

#### Care Before Delivery

- 3.1 Provide appropriate emotional support to the mother and her family.
- Provide a private room if possible.
  - Keep experience quiet and controlled with minimum number of personnel involved.
  - Have a separate room available for support persons to gather.
  - Encourage support persons to visit and stay around the clock per the mother's wishes.
  - Social work may be consulted at any time as appropriate for assistance and follow-up:  
At RUH, SCH and SPH, Pastoral Care may be consulted at any time as requested by family. A variety of religious and spiritual/cultural options are available through switchboard 24 hours a day.  
**\*\*Note:** Rural sites contact Pastoral Care per specific site protocol.
- 3.2 Prepare the mother and family for the delivery experience as much as possible beforehand, including
- Who will be present (physicians, nurses);
  - Size and condition of baby;
  - What to expect physically, during and after labour and delivery.
- 3.3 Discuss the mother's wishes as much as possible before delivery occurs. Offer the family the following options and allow time alone to discuss and decide on:
- Seeing, holding and naming baby;
  - Knowing baby's gender;
  - Funeral/blessing/ceremony for baby;
  - Dressing baby, supplying a special outfit or blanket;
  - Having siblings/family spend time with the baby;
  - Family pictures/pictures of baby;
  - Genetic studies (if applicable);
  - Autopsy/gross physical exam (discussed with and consent obtained by physician);
  - Burial and service options.
- 3.4 Analgesia: Ensure saline lock is in place.
- 3.4.1 Obtain analgesia orders (example: IV fentanyl or PCA).
- 3.4.2 Many labors can be rapid and births precipitous, leaving no time to obtain orders or for analgesia to be effectual.
- 3.5 Bloodwork:
- 3.5.1 Ensure maternal blood group is obtained and documented on the chart.
- 3.5.2 Rh Immune Globulin (WinRho) will be given to all eligible Rh-negative mothers in specific antenatal circumstances and within 72 hours postpartum, as per SHR nursing policy # 1141, Blood, Blood Components and Plasma Protein Products-Administration of and SHR Regional Policy 7311-50-004 Informed Consent for Blood, Blood Components and Fractionation Products for Transfusion.

3.5.3 The MRP/designate may also order investigations for intrauterine fetal demise (TORCH screen).

3.6 Locate the appropriate paperwork.

3.6.1 Review all forms; fill out as much information as possible prior to the birth so more time can be spent with the family following birth

### **Care During /After Delivery**

3.7 Ensure white measuring "hat" is in toilet for all use prior to delivery.

3.7.1 Provide teaching to the mother that an urge to have a bowel movement may be an indication birth is imminent, and do not get up to the bathroom. Rather, call for a nurse.

3.8 Allow any and all family members to attend the birth as per the mother's wishes.

3.9 Provide emotional support for the mother and family, acknowledging their loss.

3.10 After delivery of the baby perform BP, P, fundus and flow assessments q 15 min. Notify physician of moderate or large volume of clots/flow, or hemodynamic instability

3.11 Upon delivery of the placenta, perform BP, P, fundus and flow assessments again q 15 min X 4 or until stable.

3.11.1 Note the condition of the placenta upon delivery, noting completeness or any trailing membranes. \*\*\*Mothers experiencing a miscarriage are at high risk of postpartum hemorrhage due to retained products of conception\*\*

3.11.2 If the placenta has not delivered within 90 minutes, a plan of care needs to be discussed with the MRP.

3.12 The most MRP attending the delivery will:

3.12.1 Document the delivery of fetus and or products of conception.

3.12.2 Complete the Surgical Pathology requisition requesting gross or detailed examination when applicable.

3.12.3 Obtain Blood Product Administration Consent and order WinRho if mother is Rh negative

### **Care For The Baby/Products Of Conception**

3.13 Weigh and measure (length) the baby. Document in mother's chart.

3.14 Wash off any vernix or blood from the baby.

3.15 Dress the baby (using hospital supply or parents own clothes) and wrap in a blanket.

3.16 Suggest the family take pictures of the baby (using their own camera or smart phone), and/or offer to take pictures of the family with the baby.

3.17 Give the family as much time as they desire with the baby.

3.18 Transporting baby to the morgue (FOR RUH, SPH and SCH only)

- 3.18.1 Ensure family is finished spending time with the baby.
- 3.18.2 Take 4 of mother's patient labels. Cross off mother's first name, write "baby" on all 4.
- 3.18.3 Wrap baby in saline dampened blue pad add then a blanket. Place first sticker on blanket.
- 3.18.4 Place baby in small cardboard box. Place second sticker on top of box.
- 3.18.5 Complete a surgical pathology requisition and attach a third sticker. If the MRP or the family has requested a gross exam, indicate on the form.
- 3.18.6 Put the fourth sticker on morgue log book and fill in all areas of this sheet.
- 3.18.7 Place the body inside the cold room on the shelf marked "For Babies and Fetuses".
- 3.18.8 Leave the surgical pathology requisition the basket on the desk in the morgue.

3.19 If healthcare facility does not have a morgue

- 3.19.1 Place baby in small plastic container;
- 3.19.2 Pack with ice until baby is dispersed to the family or funeral home.

3.20 If no identifiable fetus (products of conception)

- 3.20.1 Place contents in a plastic bag or container and a small amount of saline;
- 3.20.2 Label with mother's sticker
- 3.20.3 Complete a surgical pathology requisition;
- 3.20.4 Send to pathology department.

3.21 **Documentation**

- 3.21.1 Form # 101152 ""Miscarriage, Stillbirth or Neonatal Death Checklist"" serves as a guideline of care for the mother and baby, and is a permanent record of the nurse's observations and interventions. This document can be printed off the SHR Infonet by typing in the form number "Search" box of the Infonet home page, or alternatively through Forms on Demand.
- 3.21.2 Form # 103347: "Notice of Miscarriage or Stillbirth":
  - Complete the first portion upon delivery, and fax to site specific Emergency Registration/Admitting as soon as possible.
  - Complete the remainder of the form once burial arrangements have been decided and fax a second time to site specific Emergency Registration.
- 3.21.3 Form #101504: "Release For A Miscarried Fetus, Stillbirth or Deceased Newborn" needs to be signed for all burial options except Option 5: when the family is transporting the fetus themselves.

- 3.21.4 Form #102459: "Cremation and Interment Authorization" is to be filled out for burial options 1, 2 and 3.
- 3.21.5 Miscarriage does not need to be registered with Vital Statistics nor does a burial permit need to be obtained for transport.
- 3.21.6 Surgical Pathology requisition (No form number). Send this to Pathology or morgue with the baby.
- 3.21.7 Form # 103869TRIAL: "Self Care Information for Mothers II" may be given to the family as a discharge care plan. This document can be printed off the SHR Infonet by typing in the form number "Search" box of the Infonet home page.
- 3.21.8 Complete the following charting:
- Delivery note in nursing progress notes with birth time classification and weight;
  - Time of delivery of placenta;
  - Condition of placenta (completeness);
  - Postpartum checks (BP, P, fundus, flow);
  - Response to loss.

#### 4. REFERENCES

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## MISCARRIAGE, STILLBIRTH, OR NEONATAL DEATH CHECKLIST



**SASKATOON HEALTH REGION**  
Saskatoon, Saskatchewan

RUH  SCH  SPH  Other\_\_\_\_\_

### MISCARRIAGE, STILLBIRTH, OR NEONATAL DEATH CHECKLIST

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**Miscarriage**       **Stillbirth**       **Live birth–neonatal death**

Newborn's Name: \_\_\_\_\_

Gender:  Male  Female  Unknown

Date of birth: \_\_\_\_\_ @ \_\_\_\_\_ h      Date of death: \_\_\_\_\_ @ \_\_\_\_\_ h

Gestation: \_\_\_\_\_      Weight: \_\_\_\_\_

Baptism/Blessing:  Done  Declined  Other: \_\_\_\_\_

Spiritual Care consult:  Yes  Declined  Other: \_\_\_\_\_

Social Work consult:  Yes  No      Date Notified: \_\_\_\_\_ @ \_\_\_\_\_ h

Genetics consult:  Yes  No      Date Notified: \_\_\_\_\_ @ \_\_\_\_\_ h

Autopsy/Gross exam:  Yes  No  N/A      Date completed: \_\_\_\_\_ @ \_\_\_\_\_ h

Healthy and Home follow up:  Accepted  Declined  N/A (miscarriage)

Photos taken:  By family (own camera)  By hospital staff  
 Photos printed       Placed in sealed envelope       Given to family

Grief information given:  Yes  Declined

Maternal blood group: \_\_\_\_\_      WinRho given:  Yes  N/A

Date of maternal discharge: \_\_\_\_\_      Family phone number: \_\_\_\_\_

Newborn dressed/wrapped:  Yes      Labeled:  Yes      In cardboard box:  Yes      Labeled:  Yes

**Burial options: Family chooses one**

1.  Hospital make arrangements (choose one)
  - a)  Cremation and interment in a cemetery shared garden (no charge)
  - b)  Paid individual cemetery plot (cost for plot)
    - Burial of body **OR**  Burial of cremains
    - Family wishes to be present at burial
  - c)  Cremation and family pick up remains (no charge)
    - Family aware to contact funeral home to arrange pick up
2.  Funeral home of family's choice:
 

Name: \_\_\_\_\_      Phone: \_\_\_\_\_
3.  No Funeral home: Family to transport body
  - E-Health contacted to create burial permit       N/A (miscarriage)
  - Social worker to bring Morgue log book to unit for parents to sign out newborn

**Nurse Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Checked by:** \_\_\_\_\_      **Date:** \_\_\_\_\_

## MISCARRIAGE, STILLBIRTH, OR NEONATAL DEATH CHECKLIST

Page 2 of 2

### Forms Completed:

Miscarriage	Stillbirth	Neonatal Death	Sent to
<input type="checkbox"/> Placenta to Pathology with requisition <input type="checkbox"/> N/A	<input type="checkbox"/> Placenta to Pathology with requisition <input type="checkbox"/> N/A	<input type="checkbox"/> Placenta to Pathology with requisition <input type="checkbox"/> N/A	<input type="checkbox"/> Pathology
	<input type="checkbox"/> Registration of Stillbirth E-Health (Vital Stats)	<input type="checkbox"/> Medical Certificate of Death E-Health (Vital Stats)	<input type="checkbox"/> Emergency Reg./Admitting
	<input type="checkbox"/> Autopsy consent <input type="checkbox"/> N/A (Form #101573)	<input type="checkbox"/> Autopsy consent <input type="checkbox"/> N/A (Form #101573)	<input type="checkbox"/> Morgue
<input type="checkbox"/> Gross Exam of newborn requires Surg. Path. Req. ( <input type="checkbox"/> N/A)	<input type="checkbox"/> Gross Exam of newborn requires Surg. Path. Req. ( <input type="checkbox"/> N/A)	<input type="checkbox"/> Gross Exam of newborn requires Surg. Path. Req. ( <input type="checkbox"/> N/A)	<input type="checkbox"/> Morgue
<input type="checkbox"/> Release for a Miscarried Fetus, Stillborn or Deceased Newborn (Form #101504)	<input type="checkbox"/> Release for a Miscarried Fetus, Stillborn or Deceased Newborn (Form #101504)	<input type="checkbox"/> Release for a Miscarried Fetus, Stillborn or Deceased Newborn (Form #101504)	<input type="checkbox"/> Taken to Emerg. Reg./Admitting
<input type="checkbox"/> Cremation & Interment Authorization <input type="checkbox"/> N/A (Form #102459)	<input type="checkbox"/> Cremation & Interment Authorization <input type="checkbox"/> N/A (Form #102459)	<input type="checkbox"/> Cremation & Interment Authorization <input type="checkbox"/> N/A (Form #102459)	<input type="checkbox"/> Taken to Emerg. Reg.
		<input type="checkbox"/> Live birth Reg. (E-Health)	<input type="checkbox"/> Taken to Emerg. Reg./Admitting
<input type="checkbox"/> Notice of Miscarriage or Stillbirth (Form #103347)	<input type="checkbox"/> Notice of Miscarriage or Stillbirth (Form #103347)		<input type="checkbox"/> FAX # 1 to Emergency Reg. <input type="checkbox"/> FAX # 2 to Emergency Reg.
		<input type="checkbox"/> Notice of Death (Form #102683)	<input type="checkbox"/> Emergency Reg./Admitting (FAX) <input type="checkbox"/> White - Newborn's chart <input type="checkbox"/> Carbon - Morgue
<input type="checkbox"/> Self-Care Information for Mothers II (Form #103689)	<input type="checkbox"/> Self-Care Information for Mothers II (Form #103689)	<input type="checkbox"/> Self-Care Information for Mothers II (Form #103689)	<input type="checkbox"/> White - to patient <input type="checkbox"/> Yellow - chart copy
Remember to:			
<input type="checkbox"/> Newborn with I.D. tags x 2	<input type="checkbox"/> Newborn with I.D. tags x 2	<input type="checkbox"/> Newborn with I.D. tags x 2	
<input type="checkbox"/> Morgue Log Book <input type="checkbox"/> N/A	<input type="checkbox"/> Morgue Log Book <input type="checkbox"/> N/A	<input type="checkbox"/> Morgue Log Book <input type="checkbox"/> N/A	
		<b>CREATE NEWBORN CHART:</b> * using newborn's labels <input type="checkbox"/> Nurses Progress Notes (with time of death entered)	
		<input type="checkbox"/> Register as Expired in computer	

RN Signature \_\_\_\_\_

CN Signature \_\_\_\_\_

## BURIAL OPTIONS AND RELEASE OF THE BODY

### **Option 1: Hospital Directed: Cremation and shared garden (For RUH, SPH and SCH only)**

- A local funeral home will pick up baby, cremate the body and inter the ashes in a shared garden at Woodlawn Cemetery
- There is no cost to the family.
- Family does not have the option to attend the interment of the ashes.
- There is an option to have a memorial monument inscribed with baby's name; this is at the family's expense.
- There is a memorial service provided by a local funeral home for these babies once a year in June. There is no charge; service is widely advertised for all to attend.
- Parents complete Form # 102459 "Cremation and Interment Authorization.
- Parents sign Form # 101504 "Release for A Miscarried Fetus, Stillbirth or Deceased Newborn" form, and a staff person will fax to Emergency Registration.
- Emergency Registration will notify the local funeral home when baby is released from the Department of Pathology (Morgue).

### **Option 2: Hospital Directed: Cremation and family pick up remains (For RUH, SPH and SCH only)**

- A local funeral home coordinates the pick-up of the baby and the cremation. There is no cost to the family.
- Emergency Registration will notify the local funeral home when baby is released from the Morgue.
- Cremated remains will be held for the family to pick up.
- The local funeral home will contact the family to make arrangements for pick up.
- The family makes all their own other arrangements (e.g. memorial service, disposition of ashes.)
- Parents sign Form # 101504 "Release For A Miscarried Fetus, Stillbirth or Deceased Newborn" and a staff person will fax to Emergency Registration.
- Parents complete Form # 102459: "Cremation and Interment Authorization".

### **Option 3: Hospital Assisted: Burial/cremation and individual plot (For RUH, SPH and SCH only)**

- The family chooses either burial of the body or cremation and burial of the ashes in an individual plot at Woodlawn Cemetery
- A local funeral home coordinates the entire process.
- The only cost to the family is a one-time charge for opening/closing the gravesite and ongoing care of the site.
- The family may choose to be present at burial. The funeral home will contact the family to make arrangements.
- The family may choose to have a private memorial service. The funeral home will contact the family to make arrangements.
- Parents sign Form # 101504 "Release For A Miscarried Fetus, Stillbirth or Deceased Newborn" and a staff person will fax to Emergency Registration.
- Parents complete Form # 102459 "Cremation and Interment Authorization".
- Emergency Registration will notify Saskatoon Funeral Home to come pick up the baby when baby is released from the Morgue.



**Option 4: Family Directed: Funeral home of the family's choice**

- The family contacts a funeral home of their choice (See Appendix C). All arrangements are made through this funeral home. All costs are the responsibility of the family.
- Emergency Registration will notify chosen funeral home when baby is released from the morgue.
- Baby will be released by Emergency Registration from the morgue to chosen funeral home; family will work with chosen funeral home for all other arrangements (e.g. memorial service)
- Parents sign Form # 101504 "Release For A Miscarried Fetus, Stillbirth or Deceased Newborn" and a staff person will fax to Emergency Registration.

**Option 5: Family Directed: Family transports baby**

- The family may choose to transport the fetus/products of conception to their home community for burial there.
- Miscarriages are not registered with Vital Statistics and therefore do not need a birth registration or burial permit.
- Social worker can be paged to bring Morgue log book up to unit for parents to sign out baby.
- Family takes remains with them upon discharge.

**Appendix C**

**List of Local Funeral Homes**

Acadia McKague's Funeral Centre  
915 Acadia Dr, Saskatoon, SK S7H 5N4  
306-955-1600

Cherished Memories Funeral Service &  
Crematory Inc.  
591 Centennial Dr N, Martensville, SK S0K  
2T0  
306-242-7888

Dalmeny Funeral Home  
139 3<sup>rd</sup> St. Dalmeny ,SK S0K 1E0  
306-254-2022

Funk's Funeral Home  
1010 7<sup>th</sup> Street, Rosthern, SK  
306-232-5245

Hillcrest Memorial Gardens & Funeral  
Home  
8 St East, 1st right past Briargate Rd,  
Saskatoon, SK S7K 3J8  
306- 477-4400

Kushneryk Funeral Service  
201 1<sup>st</sup> St N, Wakaw, SK  
306-233-4403

Martens Warman Funeral Home Inc  
402 Central St W, Warman, SK  
306-934-4888

Martensville Funeral Services  
306-651-0588

Mourning Glory Funeral Services  
1201 8 St E, Saskatoon, SK S7H 0S5  
306-978-5200

Park Funeral Chapel  
311 3<sup>rd</sup> Avenue N, Saskatoon, SK S7K 2H9  
306-664-0768

Prairie View Chapel & Crematorium  
210A 33<sup>rd</sup> St. E, Saskatoon, SK S7K 0S3  
1-855-274-0314

Saskatoon Funeral Home  
338 4<sup>th</sup> Ave N, Saskatoon, SK S7K 2L7  
306-244-5577

Westwood Funeral & Cremation Services  
1402 20<sup>th</sup> St. W, Saskatoon, SK S7M 0Z4  
306-653-3434